

CITY OF FLAGSTAFF ADMINISTRATION
OFFICE OF LABOR STANDARDS
COMPLAINT DECLARATION FORM

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Official Use Only

Case No: _____

Date of Report: _____

Claimant Information

Last Name	First Name	MI	Social Security Number* (Assists in processing your case)	DOB (MM/DD/YY)
Mailing Address		City	State	Zip Code
Email Address	Phone Number		Best Time to Call	
Are you filing this claim on behalf of another party? Yes No <i>If Yes, please provide your individual or organizational contact information for employee so that the City may contact you on behalf of the complaint unless directed otherwise:</i> Contact Information: _____				

Employer Information

Business Name	Phone Number	Type of Business		
Owner's Name(s) or Manager Name(s)				
Business Address	City	State	Zip Code	
Additional information about employer (Additional Names, mailing address, phone numbers, etc.)				

Employment Information

Your Position(s) with Employer		Job Duties/Work performed		
Start Date of Employment	End Date of Employment	Supervisor's Name & Title		
Who hired you?		Their Title/Position		
Location(s) where work was performed				
Rate of pay you were paid: \$[_____]				
Was your rate of pay per: hour Day Week Month Other: _____				
Frequency of Pay: Weekly Bi-Weekly Bi-monthly Other: _____				
Was there a wage agreement? Yes No If Yes, was it: Written Verbal				
How are/were you paid? Cash Check Direct Deposit Other: _____				



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<u>General Job Information Questions</u>		
Did you work at least 25 hours in a calendar year for this employer in Flagstaff, AZ?	Yes	No
Did this employer provide you with the employee written notice explaining your rights, employer requirements and minimum wage rate?	Yes	No
Did this employer have you sign the employer signature form?	Yes	No
Who sets your schedule? _____		
Are you provided a copy of your schedule prior to working that schedule?	Yes	No
Do you have records showing the hours and days you worked? If Yes, please provide records supporting this claim.	Yes	No
Are you required to record start time and end time for each day you worked? If Yes, how are the hours recorded? _____	Yes	No
Did this employer keep timecards/records of days worked/hours worked?	Yes	No
How does this employer record the days and times you worked? _____ _____		
Have you been properly paid for all hours worked? If No, please specify the period you were not properly paid: _____ _____	Yes	No
Did you ask for your owed wages? If Yes, date(s): _____	Yes	No
Has this employer paid you the wages owed or any wages owed to you?	Yes	No
Do you owe money to this employer? If Yes, please explain with amount owed: _____	Yes	No
Did you resign or quit? If Yes, Why: _____	Yes	No
Were you fired from your job? If Yes, Why: _____	Yes	No
Is the employer still in business?	Yes	No
Do you have any paystubs or receipts? <i>If yes, please attach copies of pay stubs/receipts for the period during which you believe you were not receiving proper payment.</i> <i>If No, please attach copies of any documentation you have showing the payment you have received and hours you have worked.</i>	Yes	No
Are you a tipped employee? If Yes, answer the following questions: Do you regularly receive more than \$30 each month in tips? Do you keep all the tips you receive? (If no, why not? _____) _____ How are your tips recorded/tracked? _____ Did employer provide written notice of the tip credit provisions to you?	Yes Yes Yes Yes	No No No No
Have you filed this complaint with another agency or filed a civil lawsuit?	Yes	No
Have you been subject to retaliation? <i>If Yes, please explain using the complaint declaration supplemental form</i>	Yes	No



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Complete the section below by pay period(s) for your minimum wage complaint. Please attach paystubs and/or any other supporting documents. Use supplemental section for additional details.

Total No. of Hours Worked	Rate of Pay per hour	Total Tips Received	Gross amount	Pay Periods (MM/DD/YR)
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____
_____	\$____.____ p/h		\$_____	From _____ to _____

Please read and initial the following confirming acknowledgement

I understand this claim maybe returned or declined if incomplete or not readable.	
I understand the information I provide must be accurate and true to the best of my knowledge.	
I understand acceptance of this claim by the City does not guarantee collections.	
I understand that an incomplete claim may delay the process or cause dismissal of this complaint.	
If necessary, I authorized the City of Flagstaff to receive any money owed to me & to mail such money at my own risk. (Checks are mail certified to your address listed by you)	
I understand if the City determines that an employee's name must be disclosed in order to investigate a complaint further, it may do so only with the employee's consent. Disclosure of information is also subject to public record laws.	
I understand the City strives to resolve claims it investigates within 90 days, but maybe subject to a longer duration.	
A civil action to enforce this claim maybe commenced no later than 2 years after the violation last occurred or 3 years of a will violation.	
I understand the City may ask for additional documentation during the investigation.	
I have reviewed this claim for accuracy, completeness and attached supporting documents.	
I have provided additional details using the Compliant Declaration Supplemental Form on page 4.	
I declare under penalty of perjury that the statements/information is true and correct to the best of my knowledge.	
Date: _____ Signature: _____	



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Complaint Declaration Supplemental Form (Please use to provide additional details)

Return completed form via mail/in-person to/at City of Flagstaff Attn: Office of Labor Standards
211 W. Aspen Avenue, Flagstaff, AZ, 86001-5359 or by email to Laborstandards@flagstaffaz.gov.

